



110 W. Maddux Ste 200; Branson, MO 65616  
Phone 417-337-8529 Fax 417-335-6042

## CITY OF BRANSON WATER & SEWER SERVICE RESIDENTIAL APPLICATION

| FOR OFFICE USE ONLY                        |                                  |
|--|----------------------------------|
| CUSTOMER ID _____                          | DEPOSIT AMOUNT \$ _____          |
| LOCATION ID _____                          | CASH / CC / MO / CHECK# _____    |
| TRANSFER DEPOSIT FROM ACCT# _____ -- _____ |                                  |
| PREVIOUS CUSTOMER _____                    |                                  |
| INITIAL READING _____                      | IRRIGATION INITIAL READING _____ |

### Customer Information (PLEASE PRINT)

DATE OF SERVICE \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_ SECONDARY PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

=====

We must have the following information completed in full. Please check the appropriate blank.  
Thank you.

1. ARE YOU THE OWNER \_\_\_\_\_ RENTER \_\_\_\_\_
2. IS THE SERVICE AT THE LOCATION FOR:  
\_\_\_\_ YOUR HOME    \_\_\_\_ VACATION HOME    \_\_\_\_ LONG-TERM RENTAL    \_\_\_\_ WKLY/MNTHLY RENTAL  
\_\_\_\_ BUSINESS LOCATION    \_\_\_\_ IRRIGATION METER    \_\_\_\_ OTHER (EXPLAIN)

3. IF YOU ARE THE RENTER, PLEASE LIST THE OWNER'S NAME.

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I do hereby agree to pay all charges for water and/or sewer service at the above location as long as said service remains in my name. At which time I move out, I will notify the City of Branson to discontinue service in my name and will submit a new mailing address at that time.*

**PLEASE COMPLETE AND RETURN FOR OUR BILLING RECORDS.  
THANK YOU!**